M2300006861

(Requestor's Name)	
(Address)	
(Add.:)	
(Address)	
(City/State/Zip/Phone #)	
<u> </u>	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Business Entity Wathe)	
(Document Number)	
Certified Copies Certificates of Status	
	_
Special Instructions to Filing Officer:	
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Office Use Only



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04/06/22--01511--803 **125.00



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April 21, 2023

MATTHEW SQUILLACE 4300 BISCAYNE BLVD, STE 203 MIAMI, FL 33137 US

SUBJECT: ECX HOLDINGS LLC Ref. Number: W23000058520

We have received your document for ECX HOLDINGS LLC and check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$638.75.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

STANTON H ROBERTS Regulatory Specialist III

www.sunbiz.org

Letter Number: 823A00009026

COVER LETTER

		COVEREDITER
	Registration Section Division of Corporations	
SUBJEC	ECX Holdings LLC	
	 	ne of Limited Liability Company
The enclo Existence	sed "Application by Foreign Limited Liability , and check are submitted to register the above	Company for Authorization to Transact Business in Florida," Certificate of referenced foreign limited liability company to transact business in Florida.
Please ret	urn all correspondence concerning this matter	to the following:
		Name of Person
	ECX Holdings LLC	
		Firm/Company
	4300 Biscayne blvd, STE 203	
		Address
	Miami, FL, 33137	
		City/State and Zip Code
	matt@catchcreation.com	
	E-mail address: (to be	e used for future annual report notification)
For furthe	r information concerning this matter, please ca	H:
.\	Matthew Squillace	201 8039487
_	Name of Contact Person	Area Code Daytime Telephone Number
F 1 P	Cailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303

Enclosed is a check for the following amount:
Please make check payable to: FLORIDA DEPARTMENT OF STATE

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 005,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

	Limited Liability Company, must include "Limited	Liability Come	nany," "L. I. C. " or "I. I. C.")		
t name unavariable, enter alternate	name adapted for the purpose of transacting business in Ple	orsda. The alternate	name must include "Limited Liability	Company," "L & C," or "LLC")	
Defaware		84-3	624694		
Quisidiction under the law of which foreign limited liability company is organized)		(Ff:I number, if applicable)			
			The manners, to	Apricable)	
·	(Date lits) transacted business in Florida if proc to a	redistration)	_ · _ ·	_	
	(Date first transacted business in Florida, if prior to r (See sections 605 0904 & 605 0905, F.S. to determine	ne penalty liability)		
4300 biscayne blvd, S'		4300	biscayne blvd, STE 203		
5. (Street Address of Principal Office)		6	Mailing Address)		
14					
Miami, FL, 33137		Miam	i. FL. 33137		
<u>-</u>	170-27				
	CEL 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			20;	
. Managa and 1801 (1)			able)	(-)	
. Name and street addre	55 of Florida registered agent; (P.O. Box	NOT accept	•		
. Name and <u>street addre</u>	ss of Florida registered agent; (P.O. Box	NO Laccept	,		
	Offix Solutions LLC	<u>KOT</u> accept	,) 2023 NAY 3	
Name and street addre		NOT accept	-	30	
Name:		NOT accept	-	30	
	Offix Solutions LLC		-	30	
	Offix Solutions LLC 4300 Biscayne blvd, STE 203		- - 33137	ಚ	

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Main

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capaci	Iv: Name and Address:
□ Manager	Name: Matthew Squillace	□Manager	Name:
№ Member	Address: 4300 biscayne blvd, STE 203	□Member	Address:
□ Authorized	Miami, FL, 33137	□Authorized	
Person		Person	
Other	□Other	□Other	□Other
□Manager	Name:	□Manager	Name:
.I.Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
T Other	□Other	□Other	□Other
T Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
_Other	Other	Other	

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b). Florida Statutes, I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Matthew Squillace

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ECX HOLDINGS LLC" IS DULY FORMED UNDER

THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A

LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF

THE EIGHTEENTH DAY OF MAY, A.D. 2023.

Authentication: 203381491

Date: 05-18-23

7686860 8300 SR# 20232157082

R# 20232157082